

Analysis of

Independent Medical
Examinations

Filed with the
Department of Labor and Industry



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Independent medical examinations (IMEs) are medical examinations requested by insurers to provide medical information independent of the treating health care provider. These examinations are performed under Minnesota Statutes §176.155, subdivision 1, where they are called “examinations by the employer’s physician.” Doctors file reports about their examinations with the insurers, who then submit some (but not all) to the Department of Labor and Industry (DLI). Insurers file IMEs with DLI to support a benefit status change (e.g., discontinuance of benefits or reduced permanent partial disability rating) or in support of their contentions in a dispute. As a result, with very few exceptions, the reports filed with DLI are adverse examinations — i.e., the findings disagree with the treating providers’ reports.

It is not possible, given current IME filing rules, to produce a reliable estimate of the number or rate of IMEs conducted in the workers’ compensation system. Workers’ compensation claims files do not contain all IME reports, because there is no requirement for all reports to be filed. It is possible that a large percentage of IME reports are not filed with DLI. Presumably, IME reports that agree with the opinions of the treating physicians are not filed, because they do not support a benefit status change. Also, some adverse examinations that are not disputed by the claimant are presumably also not filed, because DLI does not require such filing when a benefit status change is not contended.

To distinguish “IMEs filed with DLI” from all IMEs in this report, they are referred to here as “filed-adverse” IMEs to remind readers they include only those IMEs that have a report that has been filed with DLI and have findings that disagree with the treating providers’ reports.

The rate of filed-adverse IMEs among all indemnity claims and for special claims

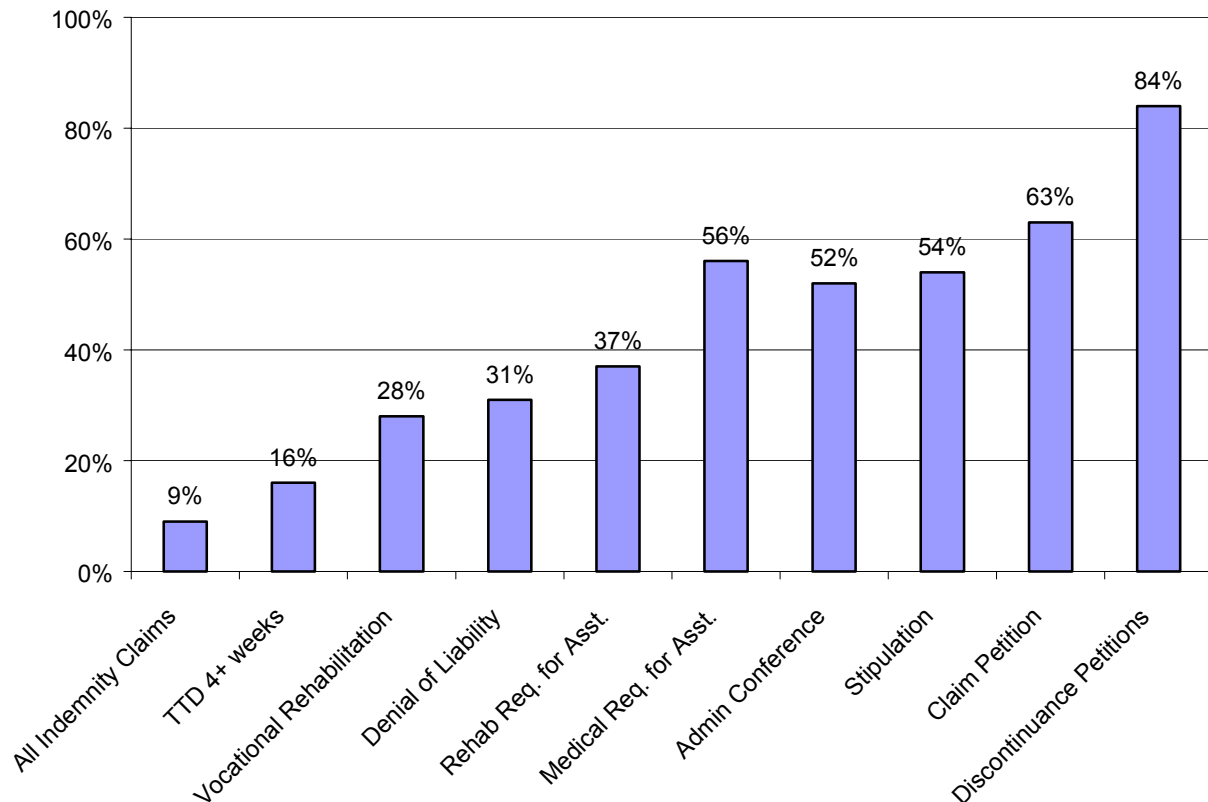
subgroups were examined. The claims subgroups were:

1. Claimants receiving temporary total disability (TTD) benefits for more than four weeks.
2. Claimants with a vocational rehabilitation plan filed.
3. Claimants with indemnity benefits who also receive a denial of liability.
4. Claimants with a *Rehabilitation Request for Assistance* form filed, indicating a dispute about vocational rehabilitation issues.
5. Claimants with a *Medical Request for Assistance* form filed, indicating a dispute about medical issues.
6. Claimants with an *Administrative Hearing Request* form filed, indicating a dispute about discontinuance of wage-loss benefits, to be resolved through an informal conference.
7. Claimants receiving a stipulation agreement, a lump-sum award to settle dispute issues.
8. Claims with a claim petition filed, by any party, indicating a request for a formal hearing.
9. Claims with an objection to a discontinuance or a petition to discontinue filed.

Findings

The percentage of all indemnity claims and claims in each subgroup with at least one filed-adverse IME are shown in the chart on the next page. The rate of filed-adverse IMEs varied considerably, from 9 percent among all indemnity claims to 84 percent among claims with a discontinuance petition. These findings confirm that filed-adverse IMEs are typically

Percentage of Claims with a Filed-Adverse IME Report



found in files with dispute resolution activity, especially formal dispute resolutions. However, the converse is not true; a large percentage of claims with dispute resolution activity do not have filed-adverse IMEs in their files.

Policy Options

In order to provide accurate information to policymakers about the level of *all* IME activity in the workers' compensation system, DLI needs to collect information about *all* IMEs. Changes in statute may be required to collect the IME data. Three options to achieve this are:

Short "pilot"

Require insurers to forward all IME reports to DLI for a one- or two-year period. This would enable DLI to establish a baseline level of IMEs and provide a full report about IME activity to the commissioner and the Workers' Compensation Advisory Council. A less-extensive version of this pilot would be to have

insurers send lists of claims with IMEs to DLI, rather than sending full IME reports. In this case, insurers would continue to send DLI the same IME reports as before.

Sample

Collect all IME reports, or data files of IME bills, from a representative sample of insurance companies and self-insured employers. This could be done on an ongoing basis or for a short "pilot" duration.

Form adjustment

Have claims adjusters indicate if an IME was conducted by checking a box on some other workers' compensation form, such as a *Notice of Benefit Payment* or a *Notice of Intent to Discontinue Benefits*. A problem with this option, however, is that adjusters might simply not check the box or might not be aware of all IMEs.

Research Method

The analysis was conducted on indemnity claims with an administrative closure date during March 2001. There were 3,169 claims meeting the inclusion criteria. Because IME information is not coded in the claims database, a review of the file documents was necessary. Random samples of claims were selected for each claims group to produce a minimum 5 percent margin of error with 95 percent confidence. Across all samples, 1,197 claims were examined.

A claim could be part of more than one subgroup. For example, a claim with 40 weeks of TTD benefits and vocational rehabilitation that became involved with dispute resolution could be part of the subgroups for claims with more than four weeks of benefits, claims with vocational rehabilitation plans, claims with a *Rehabilitation Request for Assistance*, claims with a stipulation agreement and claims with a claim petition filed.